

1	LOCATION OF WATER WELL: County: <u>Sedgwick</u>	Fraction <u>NW NW SW</u>	Section Number <u>20</u>	Township Number <u>27</u>	Range Number <u>1</u>																											
Distance and direction from nearest town or city street address of well if located within city? <u>203 N. Handley, Wichita</u>																																
2	WATER WELL OWNER: <u>Ludeman Insulation & Supply</u> RR #, St. Address, Box #: <u>203 N. Handley</u> City, State, ZIP Code: <u>Wichita, KS</u> Board of Agriculture, Division of Water Resources Application Number: <u>NW2</u>																															
3	<div style="display: flex; align-items: center;"><div style="flex: 1;"><p>MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:</p><table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"><tr><td colspan="3">N</td></tr><tr><td>NW</td><td></td><td>NE</td></tr><tr><td>W</td><td>X</td><td>E</td></tr><tr><td>SW</td><td></td><td>SE</td></tr><tr><td colspan="3">S</td></tr></table></div><div style="flex: 2;"><p>4 DEPTH OF WELL <u>22</u> ft.</p><p>WELL'S STATIC WATER LEVEL _____ ft.</p><p>WELL WAS USED AS:</p><table style="width: 100%;"><tr><td>1 Domestic</td><td>5 Public Water Supply</td><td>9 Dewatering</td></tr><tr><td>2 Irrigation</td><td>6 Oil Field Water Supply</td><td>10 Monitoring Well</td></tr><tr><td>3 Feedlot</td><td>7 Domestic (Lawn & Garden)</td><td>11 Injection Well</td></tr><tr><td>4 Industrial</td><td>8 Air Conditioning</td><td>12 Other _____</td></tr></table><p>Was a chemical / bacteriological sample submitted to Department? Yes _____ No <u>X</u></p><p>If yes, mo/day/yr sample was submitted _____</p><p>Water Well Disinfected: Yes _____ No <u>X</u></p></div></div>					N			NW		NE	W	X	E	SW		SE	S			1 Domestic	5 Public Water Supply	9 Dewatering	2 Irrigation	6 Oil Field Water Supply	10 Monitoring Well	3 Feedlot	7 Domestic (Lawn & Garden)	11 Injection Well	4 Industrial	8 Air Conditioning	12 Other _____
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5	TYPE OF BLANK CASING USED:																															
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6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 <u>Bentonite</u> 4 Other _____																															
Grout Plug Intervals: From <u>3</u> ft. to <u>20</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.																																
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7	CONTRACTOR'S OF AND OWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>3/27/16</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>757</u> This Water Well Record was completed on (mo/day/year) <u>3/11/16</u> under the business name of <u>Larsen & Associates, Inc.</u> by (signature) <u>Vally Gunn</u>																															

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.